Off Campus Activity Permission Form

Shades Mountain Baptist Church

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_has permission to go on the

(Name of Child)

MIT Spring Retreat on Friday, March 15 and Saturday, March 16, 2019.

(Activity) (Date of Event)

**At**: Living River: A Retreat on the Cahaba

Depart: 5:00 PM March 15 Return: 4:30 PM March 16

I may be reached in case of emergency at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone/Location)

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

Medical Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Organization:\_\_MIT \_ Contact Person: Cynthia Moss 205-531-1974

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